



**Georgia Board of Nursing**  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
Telephone: (478) 207-1640  
Fax: (478) 207-1660  
Web Site: [www.sos.state.ga.us/plb/rn](http://www.sos.state.ga.us/plb/rn)

## VERIFICATION OF LICENSURE AS A REGISTERED NURSE BY ENDORSEMENT

Complete the top portion and forward one form to your state of **ORIGINAL** licensure and one to your state of **CURRENT** licensure. If your original board of licensure can provide verification of current license, forward form only to your original board of licensure. The state of Original/Current licensure will return this form directly to the Georgia Board of Nursing. Inquire whether there is a fee for completing the form when mailing to the respective board and submit fee with this form.

1. Name \_\_\_\_\_  
First Middle Maiden Last

2. Address \_\_\_\_\_  
Street City State Zip

3. Social Security No. \_\_\_\_\_

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Name of Nursing School \_\_\_\_\_

6. Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Location (city/state) \_\_\_\_\_

8. I hereby authorize the designated Board of Nursing to furnish the information requested to the Georgia Board of Nursing.

State of \_\_\_\_\_ Board of Nursing RN License No. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

### FOR LICENSING AGENCY USE ONLY

This is to certify that the above named individual was issued license number \_\_\_\_\_ to practice as a registered professional nurse on \_\_\_\_\_ (year licensed).

Licensed by: Examination Current licensure status: Active  
Endorsement Inactive  
Waiver Lapsed

Date License expires \_\_\_\_\_ Has this license ever been encumbered in any way? (denied, revoked, suspended, surrendered, limited, place on probation) Yes No If Yes, please submit an official copy of board action.

**NCLEX-RN**

**S.B.T.P.E. RN SCORES**

		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children
Standard Scores						
Series						

**State Board Constructed Examination (Attach Report)**

BOARD SEAL

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Board: \_\_\_\_\_  
Date: \_\_\_\_\_